## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date:   | 01/16/2014  | Address:                                       | 1560 S 300 E #B1  |
|---|---|--|---|
| Incident #:   | 14ISPC000334  |  | Starke, IN 46534  |
| County:   | Starke  |  |   |
| Type of Laboratory Seizure (check one) Seizure Location (check all that apply)  |   |  |   |
| <ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>   |   | Residence Outbuilding Vehicle                  | <ul><li>☐ Hotel/Motel</li><li>☐ Open – No Structure</li><li>☐ Other: <u>parked 5<sup>th</sup>-wheel</u></li></ul> |
| (check all that   | : Location (bedroom, kitchen, open air, e<br>apply)<br>or Birch Reaction(s):                | etc)   |   |
| Red Phosphorous/Iodine Reaction(s):   |   |  |   |
| Hydrochloric Acid Gas Generator(s): parked 5th-wheel camper   |   |  |   |
| Flammable Solvents:   |   |  |   |
| Water Reactive Metal (Lithium):   |   |  |   |
| Anhydrous Ammonia:  |   |  |   |
| Corrosive Acid: parked 5th-wheel camper   |   |  |   |
| Corrosive Base: parked 5 <sup>th</sup> -wheel camper  |   |  |   |
| Other (item and location):  |   |  |   |
| Vehicle Info  | rmation:  |  |   |
| Owner:<br>VIN:<br>Year:   |   | Make:<br>Model:                                |   |
| ☐ Yes<br>☑ No   | age 18 discovered (check appropriate) (number present) not present but evidence they reside | unclean Estimated les occurring:               | tions of home:  clean  disarray   |
| This report l   | has been faxed* or emailed to the fol   | llowing agencies tha                           | at serve the location:  |
| Fire Department City, Township or County Center Twp VFD Fax: emailed  Health Department County: Starke Co HD Fax: emailed  Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596 |   |  |   |
|   | ormation regarding this methamphetan Officer: Maggie Shortt Phone                           | nine laboratory, cont<br>e <u>574-206-2931</u> | act   |

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.